



HOUSING APPLICATION

PERSONAL DATA

FIRST NAME: _____ MIDDLE NAME: _____ LAST NAME: _____

PRIMARY TELEPHONE #: (____) _____ EMAIL ADDRESS: _____

STATUS CARD # _____ DATE OF BIRTH: _____

CURRENT PHYSICAL ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

LENGTH OF TIME AT PRESENT ADDRESS: _____ MONTHLY RENT: _____

MAILING ADDRESS (IF DIFFERENT THAN PHYSICAL): _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

MARITAL STATUS: MARRIED: SINGLE: COMMON LAW:

LIST OF DEPENDENTS

FIRST NAME: _____ LAST NAME: _____ AGE: _____

BAND MEMBER: YES NO

FIRST NAME: _____ LAST NAME: _____ AGE: _____

BAND MEMBER: YES NO

FIRST NAME: _____ LAST NAME: _____ AGE: _____

BAND MEMBER: YES NO

FIRST NAME: _____ LAST NAME: _____ AGE: _____

BAND MEMBER: YES NO

REASON(S) FOR APPLYING

UNIT REQUIREMENTS/REQUESTS:

1 BEDROOM 2 BEDROOMS 3 BEDROOMS 4+ BEDROOMS

OTHER: _____

WHERE DO YOU WANT TO LIVE:

- MAIN RESERVE
- AMOCO ROAD
- CHEECHAM VILLAGE

SPECIAL REQUESTS: _____

SOURCE OF INCOME:

| NAME | OCCUPATION | EMPLOYER | MONTHLY INCOME |
|------|------------|----------|----------------|
| | | | |
| | | | |

OTHER SOURCE OF INCOME: _____ **AMOUNT PER YEAR:** _____

TOTAL MONTHLY INCOME FOR HOUSEHOLD: _____

DECLARATION

I understand that:

- I will sign the Fort McMurray 468 First Nation Lease prior to moving into a unit.
- I will supply income verification information for each member of the household who receives income before occupying the unit, and annually thereafter. (Income verification as in a letter from your employer, EI slip, paystub, etc.)
- The first month rent will become due and payable on the first day of the first of occupancy, monthly rent due thereafter on the first day of each following month.
- It will be the tenant's responsibility to ensure that all necessary services are my responsibility.
- The repair and maintenance of the unit will be my responsibility.
- The Fort McMurray 468 First Nation is formed for the purpose of providing housing at cost to its tenants.
- The user fees will become the tenants own responsibility, and that timely payment for the triple service rendered (water, sewage, and sanitation department) will enable the FMFN 468 the continuation of these services. (Payment made payable to the Fort McMurray 468 First Nation)

I understand lastly that the said unit of applicant's request, if granted will be returned by the tenant in the same condition it was received.

All information contained in this application will be confidential.

APPLICANTS SIGNATURE: _____ **DATE:** _____

CO-APPLICANTS SIGNATURE: _____ **DATE:** _____

CHIEF AND COUNCIL APPROVAL

NAME: _____ **TELEPHONE:** _____

TITLE: _____ **SIGNATURE:** _____

DATE: _____